the specification of which:

is attached hereto.

M

(a)

**Certified Copy** 

☐ YESNO ☐

Attached?

Priority not

Claimed

## **DECLARATION**

#### **INVENTORSHIP IDENTIFICATION**

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

### **PORTABLE DIAGNOSTIC HANDSET**

### TITLE OF INVENTION

#### SPECIFICATION IDENTIFICATION

` '								
(b)		was filed on, as Serial No						
		and was amended on _ (if applicable).						
(c)		was described and claimed in PCT International Application No filed on						
		and was amended on (if applicable).						
ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR								
	l hereb	y state that I have reviewed and understand the contents of the above-identified specification,						
including the claims as amended by any amendment referred to above.								
	I acknowledge the duty to disclose information, which is material to patentability as defined in 37,							
Code of Federal Regulations, § 1.56.								
PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d) (Prior Foreign/Pct Application(S) Filed Within 12 Months (6 Months For Design) Prior To This Application)								
	I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of							
any foreign application(s) for patent or inventor's certificate(s) or 365(a) of any PCT international application(s)								
		ed at least one country other than the United States of America, listed below and have also						
		any foreign application(s) for patent or inventor's certificate(s) or any PCT international						
application(s) having a filing date before that of the application(s) of which priority is claimed								

Date Of Filing

(Day, Month, Year)

**Application Number** 

Country or PCT

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

## CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

(All Foreign Application(S), *If Any*, Filed More Than 12 Months (6 Months For Design) Prior To This U.S. Application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

U.S Parent	PCT Parent	Date Of Filing	Parent Patent
Application No.	Application No.	(Day, Month, Year)	No. (If applicable)

#### **DECLARATION**

I hereby declare that my presentation of this paper constitutes a certification under 37 C.F.R § 10.18, which provides, in part, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application and any patent issuing therefrom

## SIGNATURE(S)

Arthur			М	Shand			
(GIVEN NAME)		(MIDDLE INIT	TIAL OR NAME)	FAMILY (OR LAST NAME)			
Inventor's signature 🔏		asthelle	16-1				
Date	×_I	EBRUARY	12,2002	Country of Citizenship <u>USA</u>			
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Signature by administrator(trix), or legal representative for deceased or incapacitated inventor.  Number of pages added							
	Signature for inventor who refuses to sign or cannot be reached by person authorized under						
	37 CFR 1.47. Number of pages added  Added page for <b>signature</b> by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47) Number of pages added						
	Authorization of attorney(s) to accept and follow instructions from representative.						
This de	This declaration ends with this page.						